



**Secretary of State
Statement of Information
(Limited Liability Company)**

28

LLC-12

16-731229

FILED
Secretary of State
State of California

MAY 23 2016

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - Face Page \$1.00 & .50 for each attachment page,
Certification Fee - \$5.00

26/20/CC

This Space For Office Use Only

1. Limited Liability Company Name

DISTRICT SQUARE, LLC

2. 12-Digit Secretary of State File Number

201013310092

3. State or Place of Organization (only if formed outside of California)

DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box

160 GREENTREE SR., #109

City (no abbreviations)

DOVER (COUNTY OF KENT)

State

DE

Zip Code

19904

b. Mailing Address of LLC, if different than item 4a

P.O. BOX 5357

City (no abbreviations)

BEVERLY HILLS

State

CA

Zip Code

90209

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

9034 W. SUNSET BLVD.

City (no abbreviations)

WEST HOLLYWOOD

State

CA

Zip Code

90069

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name and address must be listed. Attach additional pages, if necessary.

a. First Name

ARMAN

Middle Name

Last Name

GABAY

Suffix

b. Address

9034 W. SUNSET BLVD.

City (no abbreviations)

WEST HOLLYWOOD

State

CA

Zip Code

90069

6. Agent for Service of Process

Item 6a and 6b: If the agent is an **individual**, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. **Item 6c:** If the agent is a California Registered **Corporate Agent**, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is **not** a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is **not** a corporation) - **Do not list a P.O. Box**

City (no abbreviations)

State

CA

Zip Code

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b

EXCEL PROPERTY MANAGEMENT SERVICES, INC.

CC1A90244

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company

REAL ESTATE

8. Chief Executive Officer, if elected or appointed

a. First Name

Middle Name

Last Name

Suffix

b. Address

City (no abbreviations)

State

Zip Code

9. The information contained herein, including any attachments, is true and correct.

MAY 10, 2016

MILLIE GRAPE

ASSISTANT

Date

Type or Print Name of Person Completing the Form

Title

Signature

mgape

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:

ARMAN GABAY

Company:

DISTRICT SQUARE, LLC

Address:

P.O. BOX 5357

City/State/Zip:

BEVERLY HILLS, CA 90209